

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.
9/692807

FILING DATE

APPLICANT(S)

		12/29/03		11/3/04		CLAIMS				12/29/03		11/2/04			
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.		DEP.			
		IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/								51	/				
2										52	/				
3										53	/				
4										54	/				
5										55	/				
6										56	/				
7										57	/				
8										58	/				
9										59	/				
10										60	/				
11										61	/				
12										62	/				
13										63	/				
14										64	/				
15										65	/				
16										66	/				
17										67	/				
18										68	/				
19										69	/				
20										70	/				
21		/		/						71	/				
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39										89	/				
40										90	/				
41										91	/				
42										92	/				
43										93	/				
44		/		/						94	/				
45										95	/				
46										96	/				
47										97	/				
48										98	/				
49										99	/				
50										100	/				
TOTAL IND.										TOTAL IND.					
TOTAL DEP.										TOTAL DEP.					
TOTAL CLAIMS										TOTAL CLAIMS					

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SERIAL NO. **9/692807**
APPLICANT(S)

FILING DATE

12/29/03

11/3/04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1		1		
102		1		1		
103		1		1		
104		1		1		
105		1		1		
106		1		1		
107		1		1		
108		1		1		
109		1		1		
110		1		1		
111		1		1		
112		1		1		
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148						
149						
150						
TOTAL IND.	9		8			
TOTAL DEP.	88		87			
TOTAL CLAIMS	97		95			

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
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95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

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